



***Congressman Thomas J. Rooney***  
***16<sup>th</sup> District of Florida***  
**171 SW Flagler Ave · Stuart, FL**  
**Office: 772.288.4668 · Fax: 772.288.4631**

## **Application for Nomination to US Service Academies**

### **I. Personal Information**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Preferred name (if different from above): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City, state, zip+4) (County)

Temporary Address (if applicable): \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City, State, Zip+4) (County)

Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a US Citizen? Y / N

Are your parents legal residents of the Sixteenth District of Florida? Y / N

Father's name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City, State, Zip+4) (County)

Father's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City, State, Zip+4) (County)

Mother's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

## II. Academy Preference:

Please rank the Academies to which you are seeking a nomination in order of preference (1-2):

\_\_\_\_\_ U.S. Air Force Academy \_\_\_\_\_ U.S. Merchant Marine Academy

\_\_\_\_\_ U.S. Military Academy \_\_\_\_\_ U.S. Naval Academy

*(If you do not mark an Academy, you will not be considered for that academy.)*

Have you applied for a Service Academy nomination to any source, congressional or otherwise, for a class entering prior to this year? Y / N If so, what was the result? \_\_\_\_\_  
\_\_\_\_\_

Please indicate all other Service Academy nomination sources to which you are applying:

\_\_\_\_\_ President \_\_\_\_\_ Vice President \_\_\_\_\_ JROTC

\_\_\_\_\_ Senator Rubio \_\_\_\_\_ Senator Nelson

If you are now in the military, please list your branch of service \_\_\_\_\_

Rank: \_\_\_\_\_ Length of Service: \_\_\_\_\_

## III. High School Information:

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Year you will graduate: \_\_\_\_\_

What is your rank and total class size? \_\_\_\_\_

#### **IV. Extracurricular Activities:**

List any significant offices you have held since entering ninth grade: \_\_\_\_\_

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In what non-athletic, extracurricular activities have you participated since entering ninth grade? \_\_\_\_\_

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List any non-athletic awards, achievements, prizes or accomplishments not listed above: \_\_\_\_\_

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List any sports that you participated in during high school, and indicate varsity letters received if any: \_\_\_\_\_

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List any athletic awards or special recognition you have received: \_\_\_\_\_

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**Essay:**

Why do you believe you are qualified to be nominated? (Please use additional pages if necessary)

[illegible]

**Please Read Carefully Before Signing:**

**I have read the information contained in this packet explaining the nomination procedures of Congressman Rooney. I understand the Congressman's requirements, including the requirement of a personal interview. I am aware of the *October 31, 2012 deadline* and that incomplete submissions will not be considered. I certify that I am a legal resident of the 16<sup>th</sup> District of Florida and there is no known reason I should not be medically qualified to receive an appointment to a service academy, if nominated.**

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**(Signature)**

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**(Date)**

**In signing this form, you are stating that you understand the nomination requirements for the Office of U.S. Congressman Rooney and that you will abide by these requirements.**